

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No. _____

Local Registrar No. 30

No. Miami Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobby Mc Laughlin Crossland (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date

of birth Jan. 15, 1927
Month Day Year

Male

5. No., in order of birth _____

yes

8. FATHER

Full name Robert Lee Crossland

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona.

10. Color or race

Cauc.

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Palo Pinto, Texas

13. Occupation

Nature of industry

Manager South West
Coco Cola Co.

14. MOTHER

Full maiden name

Etta Faye Palmer

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona.

16. Color or race

Cauc.

17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

(State or country)

Mineral Wells, Texas.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _____

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12:45 m. on the date above stated

(Born alive or stillborn.)

Signature

Cyril M. Brown M.D.

(Physician or midwife)

Address

Miami, Arizona

Filed

Feb 7, 1927

C. E. Iron

Local Registrar.

Registrar

Filed

, 19

County Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from

a supplemental report.

Month, day, year

234-115-579